

# TENNESSEE DEPARTMENT OF EDUCATION - LICENSE APPLICATION

OFFICE OF TEACHER LICENSING 710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

## PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name (if applicable)	SSN (required)
Email Address	Telephone Number	Date of Birth (required)	Race *	Sex*
Street/P.O. Box		City	State	Reference# (if applicable)
			Zip Code	

*\*Optional- statistical information only*

ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ YEARS SERVED \_\_\_\_\_ NO

If you checked YES (See important information regarding Troops to Teachers program available @ [www.proudtoserveagain.com](http://www.proudtoserveagain.com))

## PLEASE READ CAREFULLY BEFORE SIGNING

**Personal Affirmation:** *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. **DO NOT** include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Is there any action pending against your certificate/license or application in another state?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.**

**If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

### TYPE OF TENNESSEE LICENSE

- \_\_\_\_\_ INITIAL TEACHING LICENSE- **TN Institutions Only** (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- \_\_\_\_\_ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA OR applying based upon reciprocity)
- \_\_\_\_\_ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- \_\_\_\_\_ ALTERNATIVE TYPE "A" LICENSE (Requires signature from Superintendent/Director of Schools)
- \_\_\_\_\_ ALTERNATIVE TYPE "C" LICENSE (Requires signature from Superintendent/Director of Schools and Dean of Education at teacher preparation institution)
- \_\_\_\_\_ ALTERNATIVE TYPE "E" LICENSE (Requires signature from Superintendent/Director of Schools)
- \_\_\_\_\_ INTERIM TYPE "B" LICENSE (Requires signature from Superintendent/Director of Schools, and verification from Dean of Education at teacher preparation institution)
- \_\_\_\_\_ INTERIM TYPE "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- \_\_\_\_\_ OCCUPATIONAL EDUCATION LICENSE
- \_\_\_\_\_ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- \_\_\_\_\_ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Superintendent/Director of Schools, nonrenewable)
- \_\_\_\_\_ JROTC LICENSE
- \_\_\_\_\_ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/ LANGUAGE TEACHER

### ADVANCEMENT TO FULL LICENSE OR PROFESSIONAL LICENSE

- \_\_\_\_\_ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL LICENSE (Professional, Occupational, or School Service Personnel)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE TYPE "A" TO FULL LICENSE (Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM INTERIM TYPE "B" TO FULL LICENSE (Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE TYPE "C" TO FULL LICENSE (Apprentice)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE TYPE "E" TO FULL LICENSE (Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL EDUCATION LICENSE TO PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE
- \_\_\_\_\_ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- \_\_\_\_\_ ADVANCEMENT FROM BEGINNING ADMINISTRATOR LICENSE TO PROFESSIONAL ADMINISTRATOR LICENSE

### RENEWAL OR AMENDMENT TO EXISTING LICENSE

- \_\_\_\_\_ FOR RENEWAL OF LICENSE (Check one)  
\_\_\_\_\_ 5 Year License(s) \_\_\_\_\_ 10 Year License(s) \_\_\_\_\_ 5 Year Occupational License \_\_\_\_\_ 10 Year Occupational License  
\_\_\_\_\_ Alternative Type "A" \_\_\_\_\_ Alternative Type "C" \_\_\_\_\_ Alternative Type "E" \_\_\_\_\_ Interim Type "B" \_\_\_\_\_ Interim Type "D"
- \_\_\_\_\_ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)  
\_\_\_\_\_ Master's Degree \_\_\_\_\_ Education Specialist  
\_\_\_\_\_ Master's Degree +30 semester hours \_\_\_\_\_ Doctorate Degree
- \_\_\_\_\_ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) \_\_\_\_\_
- \_\_\_\_\_ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)
- \_\_\_\_\_ ADDRESS CHANGE NOTIFICATION
- \_\_\_\_\_ DUPLICATE LICENSE (Current valid Tennessee license only)

# APPLICATION FOR INTERIM TYPE "B" LICENSE

**APPLICANT NAME** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES

## INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

### TO BE COMPLETED FOR INITIAL APPLICANTS

#### OFFICIAL TRANSCRIPTS

**OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED**

**Official transcripts are required for licensure purposes. Include transcripts from all institutions attended.**

\_\_\_\_\_ Official transcripts from all institutions are enclosed.

\_\_\_\_\_ All transcripts are on file in the  
Office of Teacher Licensing

### TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR OF SCHOOLS

\_\_\_\_\_ Attached verification from Dean of Education that approved program for endorsement area, including required practical experience, has been completed by the applicant and that only the required praxis test(s) remain to taken/passed.

**LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT**

**ENDORSEMENT TITLE**

**ENDORSEMENT CODE**

_____
_____
_____
_____

_____
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_____

**IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20\_\_\_\_ - 20\_\_\_\_ IN THE FOLLOWING AREA:**

\_\_\_\_\_ PRE-K \_\_\_\_\_ ELEMENTARY \_\_\_\_\_ MIDDLE \_\_\_\_\_ SECONDARY (If secondary, give the subject area \_\_\_\_\_)  
(K-6) (4-8) (7-12)

**I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.**

School System

Signature of Superintendent/Director of Schools

Date

**NOTE: OFFICIAL TRANSCRIPTS OR VERIFICATION FROM INSTITUTION  
DOES NOT NEED TO BE RESUBMITTED FOR RENEWAL.**

### TO BE COMPLETED FOR RENEWAL

#### TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR OF SCHOOLS

**LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT**

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